

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023331

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2779

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Hugh H. Owens Medical Certification

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                                                                                             |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>                  |                                    |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | c. CITY OR TOWN <b>KANSAS CITY</b>                                                                                                                          |                                    |
| Length of stay in 1b <b>15 years</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                           |                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>V.A HOSPITAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | d. STREET ADDRESS (If outside, give location)<br><b>2632 EAST 9TH STREET</b>                                                                                |                                    |
| 3. NAME OF DECEASED (Type or print)<br>First <b>PETER</b> Middle <b>H.</b> Last <b>PAPPAS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>21</b> Year <b>1962</b>                                                                                         |                                    |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6. COLOR OR RACE<br><b>White</b>                                                                          | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8-15-93</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Hat cleaner-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | 11. BIRTHPLACE (City and state or country)<br><b>Stafane, Greece</b>                                                                                        |                                    |
| 10b. KIND OF BUSINESS OR INDUSTRY<br><b>SHOE REPAIRMAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                                                                                                                |                                    |
| 13a. FATHER'S NAME<br><b>Chris Pappas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br><b>Christine Unknown</b>                                                                                                       |                                    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WWI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | 17. INFORMANT<br>Address<br><b>VA Hospital Official Records, K.C. Mo</b>                                                                                    |                                    |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>ACUTE MYOCARDIAL INFARCT, ANTEROSEPTAL</b><br>DUE TO (b) <b>THROMBOTIC OCCLUSION OF ANTERIOR DESCENDING CORONARY ARTERY</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)<br><b>OBESITY</b><br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                                                                                           |                                                                                                                                                             |                                    |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                                                |                                    |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |                                                                                                                                                             |                                    |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____                                                                                                    |                                    |
| 21. VA attended the deceased from <b>2:40 p.m. 5-21-62</b> to <b>5-21-62</b><br>Death occurred at <b>7:55 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           |                                                                                                                                                             |                                    |
| 22a. SIGNATURE<br><i>Hugh H. Owens</i> (Degree or title)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           | 22b. ADDRESS <b>1520 Main Station</b>                                                                                                                       |                                    |
| 22c. DATE SIGNED<br><b>5-22-62</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | 22d. LOCATION (City, town, or county)<br><b>VA Hospital, Kansas City, Mo.</b>                                                                               |                                    |
| 23a. NAME OF CEMETERY OR CREMATORY<br><b>MEMORIAL PARK CEMETERY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           | 23b. LOCATION (City, town, or county)<br><b>KANSAS CITY</b>                                                                                                 |                                    |
| 23c. DATE<br><b>MAY 24, 1962</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | 23d. STATE<br><b>MISSOURI</b>                                                                                                                               |                                    |
| 24. FUNERAL DIRECTOR<br><b>D.W. NEWCOMER'S SONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br><b>5-23-62</b>                                                                                                              |                                    |
| 26. REGISTRAR'S SIGNATURE<br><i>Paul H. Long</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | 27. ADDRESS<br><b>1331 BRUSH CR.</b>                                                                                                                        |                                    |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

2-28-46

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Harold L. Chalmers*

Licensed Embalmer No. 3035

P. O. Address

*Box C, Geneva, N.Y.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.